

**CHILD WELFARE SERVICES  
PROBLEM RESOLUTION/GRIEVANCE REVIEW REQUEST FORM**

(Please Check one)

Complaint

Grievance Review

Date: \_\_\_\_\_

Concerned Individual's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
.....

Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Concerned Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MAIL FORM TO:       HUMBOLDT COUNTY CHILD WELFARE SERVICES  
                          ATT: FOSTER CARE COORDINATOR  
                          929 KOSTER STREET  
                          EUREKA, CA 95501

FOR ANY QUESTIONS CALL: (707) 445-6180



FOR CHILD WELFARE SERVICES USE ONLY:

Foster Care Coordinator:   Date Received: \_\_\_\_\_   Date Forwarded: \_\_\_\_\_   To: \_\_\_\_\_

Resolution/Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grievance Review Team:

\_\_\_\_\_  
\_\_\_\_\_

Date Concerned Individual /CWS Staff discussion took place: \_\_\_\_\_ Date of Decision: \_\_\_\_\_

Date Concerned Individual Notified: \_\_\_\_\_ (include copy of documentation)

Original Form to Foster Care Coordinator; Copy to CWS Program Manager; Copy to Social Work Supervisor; Copy to Deputy Director (Grievance Review Only)

**A-14-16 (04/11/05) Problem Resolution Review Request Form**